

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 / 069399 FILING DATE

APPLICANT(S)

CLAIMS

CLAIM NUMBER	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
	1									
2		1								
3	1	1								
4	1	1								
5		1								
6		1								
7		1								
8		1								
9		1								
10		1								
11		1								
12		1								
13		1								
14		1								
15		1								
16		1								
17		1								
18		1								
TOTAL IND.		17								
TOTAL DEP.										
TOTAL CLAIMS										

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U. S. DEPARTMENT OF COMMERCE

FOR USE WITH FORM PTO-875

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